

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for a Class C Non-Emergency from
Plymouth Expedited LLC dba Plymouth
Transportation**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET**DOCKET**

NUMBER: 2018 - 347 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: William Morden

Telephone: 954-856-3494

Address: 511 Briar Oaks Lane
Simpsonville, SC 29681

Fax:**Other:**

Email: bill.ptxpd@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
NOV 01 2018
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 10/22/2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Plymouth Expedited LLC dba Plymouth Transportation
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
511 Briar Oaks Lane Simpsonville, SC 29681
Street Address of Applicant
511 Briar Oaks Lane Simpsonville, SC 29681
Mailing Address of Applicant (if different from street address)
(954) 856-3494
Phone Fax
bill.ptxpd@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☒ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Monique Styles - 8 Sunning Hill Road Simpsonville, SC 29681

Dante Mosley - 8 Sunning Hill Road Simpsonville, SC 29681

Sheryl Morden - 511 Briar Oaks Lane Simpsonville, SC 29681

William Morden - 511 Briar Oaks Lane Simpsonville, SC 29681

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	0.00
Value of Motor Vehicles	30,000.00
Cash on Hand	7,500.00
Cash in Bank	20,000.00
Value of Other Assets and Equipment	0.00
Total Assets	\$57,500 ✓

Liabilities:

Mortgage/Loan on Real Estate	0.00
Loans Owed on Motor Vehicles	0.00
Business/Other Loans Owed	0.00
Other Liabilities or Debts	0.00
Total Liabilities	\$0.00 ✓

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Types of Charges	Weekday 9am to 5pm	Weekends and After Hours	Holidays
Ambulatory Base Rate*	\$25	\$35	\$45
Wheelchair Base Rate*	\$45	\$75	\$95
Additional Mileage Fees	\$4 per mile	\$6 per mile	\$8 per mile
Wait-time Fees (per 30 mins)	\$15	\$25	\$35
Additional Attendant Fees	\$10	\$10	\$10

*Base rates include the first 10 miles between origin and destination.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Honda	2007 Odyssey	5FNRL38807B047521	4,678 lbs.	
Honda	2006 Odyssey	5FNRL38456B047400	4,655 lbs.	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Plymouth Expedited LLC

Name of Applicant

511 Briar Oaks Lane Simpsonville, SC 29681

Address of Applicant

Amount of Premium:

Liability Insurance \$ 13,910.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

GATEWAY INSURANCE COMPANY

Name of Insurance Company

953 AMERICAN LANE, 3RD FLOOR SCHAUMBURG, IL 60173

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

William Morden

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

SWORN TO BEFORE ME

This 29th day of October, 2018



Notary Public

Commission Expires 01/24/2027

CALLIE SHARON
Notary Public - State of South Carolina
My Commission Expires January 24, 2027

Print Application

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

Plymouth Expedited, LLC

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Important Dates

Effective Date 09/17/2018

:

**Expiration N/A
Date:****Term End N/A
Date:****Dissolved N/A
Date:**

Registered Agent

Agent: William Morden**Address:** 250 Hadley Commons Drive
Mauldin, South Carolina 29662

Official Documents On File

Filing Type	Filing Date
Articles of Organization	09/17/2018

For filing questions please contact us at 803-734-2158

Copyright © 2018 State of South Carolina

Filing ID: 180917-1455418

Filing Date: 09/17/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Plymouth Expedited, LLC

***Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is
250 Hadley Commons Drive

(Street Address)

Mauldin, South Carolina 29662

(City, State, Zip Code)

3. The initial agent for service of process is

William Morden

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
250 Hadley Commons Drive

(Street Address)

Mauldin

(City)

South Carolina 29662

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

William Morden

(Name)

250 Hadley Commons Drive

(Street Address)

Mauldin, South Carolina 29662

(City, State, Zip Code)

Plymouth Expedited, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 09/17/2018.

Plymouth Expedited, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

William Morden

Signature of Organizer

Date: 09/17/2018

Signature of Organizer

Date:

FACSIMILE TRANSMISSION

To:**From:** William Morden**Phone:****Phone:** (877) 486-9091 * 9**Fax Phone:** (803) 896-5199**Fax Phone:** (877) 486-9092**Note:**

Attention:

Public Service Commission
Clerk's Office
101 Executive Center Drive, Suite 100
Columbia, SC 29210

And

Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

Date: 10/30/2018**Pages:** 13

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

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S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

SWORN TO BEFORE ME

This 20th day of October, 2018



Notary Public

Commission Expires 01/24/2027

CALLIE SHARON
Notary Public - State of South Carolina
My Commission Expires January 24, 2027

Print Application

INSURANCE QUOTE

South Carolina
Commercial Automobile Insurance

AGENCY:	ADVISORNET PROPERTY & CASUALTY, LLC - 10302	QUOTE#:	CA171480Q2018
ATTENTION:		PRINT DATE:	10/23/2018
APPLICANT:	PLYMOUTH EXPEDITED LLC	QUOTE EFF:	10/23/2018
RENEWAL OF:	N/A	QUOTE EXP:	11/22/2018

COVERAGE/LIMITS/PREMIUM

COVERAGE:	SYMBOL(S)	LIMITS:	PREMIUM:
LIABILITY	7	\$1,000,000 Limit	\$12,072
UMBI - SC	7	\$100,000 Limit	\$24
UIM - SC	7	\$100,000 Limit	\$64
OTC - SC	7	\$1,000 Ded	\$734
COLLISION - SC	7	\$1,000 Ded	\$1,016
ADDITIONAL INSURED(S):		0	\$0
STATE REQUIRED FEES AND OR TAXES:			\$0
TOTAL PREMIUM:			\$13,910.00
BASED ON RATING TERRITORY:		SIMPSONVILLE, SC (173)	

NUMBER OF UNITS

NUMBER OF UNITS	2
-----------------	---

UNDERWRITING NOTES

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REQUIRED INFORMATION

<input type="checkbox"/> Confirmation of Policy Terms. <input checked="" type="checkbox"/> Completed/signed ACORD application(s) required at time of binding: <input type="checkbox"/> Loss runs for the past years. <input type="checkbox"/> Signed "No-Loss" statement. <input type="checkbox"/> Completed/signed Notice of Terrorism Insurance Coverage. <input type="checkbox"/> Completed/signed Public Auto Supplemental Application. <input checked="" type="checkbox"/> Signed Non-Reported Operator Deductible Endorsement. <input type="checkbox"/> Completed DOT Medical Examination Report for all drivers age 70 and over. <input type="checkbox"/> Mechanical inspection report with photos for all units over 10 model years old.	<input type="checkbox"/> Vehicle registrations/lease agreements for all vehicles used by the named insured. <input type="checkbox"/> Updated Driver List. <input checked="" type="checkbox"/> Updated MVRs. <input type="checkbox"/> Name and number of all Medicare and Social Service providers. <input type="checkbox"/> Copies of any certificates of insurance and binders issued. <input type="checkbox"/> Current/expiring pricing for all lines. <input type="checkbox"/> Confirmation of state filings required. <input type="checkbox"/> Confirmation of federal filings required. <input type="checkbox"/> Confirmation of other filings required.
--	---

If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.
 Failure to provide this information in this time frame may result in cancellation of the policy.

DISCLAIMERS & GENERAL CONDITIONS

1. Minimum premium \$750 applies to policy.

THE ATLAS GROUP OF COMPANIES | **GATEWAY INSURANCE COMPANY**

Page 1 of 3

AFH 003 IL 02 17

AMERICAN SERVICE INSURANCE COMPANY, INC. - NAIC 42897
 953 AMERICAN LANE, 3RD FLOOR
 SCHAUMBURG, IL 60173
 800.897.2551 | www.atlas-fin.com



INSURANCE QUOTE

**South Carolina
Commercial General Liability**

AGENCY:	ADVISORNET PROPERTY & CASUALTY, LLC 10302	QUOTE#:	GL171484Q2018
ATTENTION:		PRINT DATE:	10/23/2018
APPLICANT:	PLYMOUTH EXPEDITED LLC	QUOTE EFF:	10/23/2018
RENEWAL OF:	N/A	QUOTE EXP:	11/22/2018

COVERAGE/LIMITS/PREMIUM

COVERAGE:	CLASS:	EXPOSURE:	LIMITS:	PREMIUM:
POLICY MINIMUM				\$513.00
SC - PREMISES/PRODUCTS & COMPLETED OPERATIONS	40031	2	\$1,000,000/\$2,000,000/\$2,000,000	\$237.00
ADDITIONAL INSURED:		0		\$0.00
STATE REQUIRED FEES AND OR TAXES:				\$0.00
TOTAL PREMIUM:				\$750.00
BASED ON RATING TERRITORY:			SIMPSONVILLE, SC (001)	

UNDERWRITING NOTES

--

REQUIRED INFORMATION

<input type="checkbox"/> Confirmation of Policy Terms. <input checked="" type="checkbox"/> Completed/signed ACORD application(s) required at time of binding: <input type="checkbox"/> Loss runs for the past years. <input type="checkbox"/> Signed "No-Loss" statement. <input checked="" type="checkbox"/> Completed/signed Notice of Terrorism Insurance Coverage. <input type="checkbox"/> Completed/signed Public Auto Supplemental Application. <input type="checkbox"/> Signed Non-Reported Operator Deductible Endorsement. <input type="checkbox"/> Completed DOT Medical Examination Report for all drivers age 70 and over. <input type="checkbox"/> Mechanical inspection report with photos for all units over 10 model years old.	<input type="checkbox"/> Vehicle registrations/lease agreements for all vehicles used by the named insured. <input type="checkbox"/> Updated Driver List. <input type="checkbox"/> Updated MVRs. <input type="checkbox"/> Name and number of all Medicare and Social Service providers. <input type="checkbox"/> Copies of any certificates of insurance and binders issued. <input type="checkbox"/> Current/expiring pricing for all lines. <input type="checkbox"/> Confirmation of state filings required. <input type="checkbox"/> Confirmation of federal filings required. <input type="checkbox"/> Confirmation of other filings required.
--	--

If bound, this quote is subject to the company's receipt of the items checked above within 15 days of binding.
Failure to provide this information in this time frame may result in cancellation of the policy.

DISCLAIMERS & GENERAL CONDITIONS

- Minimum premium **\$750** applies to policy.
- The fee for additional insureds is **\$50** each, unless the entity is a state agency.
- Any policy in cancellation for non-payment will incur a Reinstatement Fee of **\$9**.
- Unless otherwise stated, this quote is based on standard ISO filed coverage forms.
- This quote is subject to favorable loss experience verification and favorable inspection, if not obtained prior to the release of this quote.
- All drivers must qualify under our Safe Driver Criteria.
- The company reserves the right to exclude/reject any operator, for any reason, who may otherwise qualify under the Safe Driver Criteria.
- The company does not write Monoline Commercial General Liability. An Auto policy must be bound to bind a Commercial General Liability policy.

AMERICAN SERVICE INSURANCE COMPANY, INC. - NAIC 42897
Insurance Quote - South Carolina - Commercial General Liability
PLYMOUTH EXPEDITED LLC

Thank you for considering AMERICAN SERVICE INSURANCE COMPANY, INC. and The Atlas Group of Companies as your business partner and for the opportunity to provide you with this quote for the above risk.

PREPARED BY:

TIM DREES
AGENT
612.436.3757,